52-PAPT-2-01006 Attachment 12

CONTRACT PRICING PROPOSAL COVER SHEET (Cost or Pricing Data Required)					OLICITATIC	ON/CONTRACT	/MODIFICA	TION NU	JMBER			
2a. NAME OF OFFEROR				3a. NAME OF OFFEROR'S POINT OF CONTACT					 3c. TELEPHONE			
2b. FIRST LINE ADDRESS					3b. TITLE OF OFFEROR'S POINT OF CONTACT					AREA CODE NUMBER		
sc. STREET ADDRESS					4. TYPE OF CONTRACT					C ACTION (Check) d. LETTER CONTRACT		
2d. CITY	2e. STATE 2f. ZIP CODE			b. CHANGE ORDER					e. UNPRICED ORDER			
5. TYPE OF CONTRACT (Check)				<u> </u> 	c. PRICE R REDETE	EVISION/ RMINATION		 	f. OTI 	HER (Specij	fy)	
[] FFP [] [] FPI []] CPAF	6. PROPOSED A. COST B. PROFIT/FEE					COST(A+B=C) $C.TOTAL$					
			7. PERF	ORM	ANCE							
PLACE a. b.							PERIOD	a. 				
8. List and reference the identificat Officer. (Continue on reverse, of the LINE LINE AND CONTINUE OF THE AND CONTINUE OF T	and then on plain paper, if	necessary. Use sam	ne headings.)	line iter								
a. LINE ITEM NO.	<u> </u>	o. IDENTIFIC.	ATION		c. 	QUANTII	Y d. 10 	OTAL.	PRICE	e e. PR 	OP. REF. PAGE	
NAME OF CONTRACT ADMINIS STREET ADDRESS	TKATION OFFICE			į į	ME OF AUDI							
CITY		STATE 2	ZIP CODE	CIT	Y					STATE	ZIP CODE 	
TELEPHONE»	AREA CODE 	NUMBER 		 TEL	EPHONE	»	AREA CC	DDE	 	NUMBER		
10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? If "Yes," identify) [] YES [] NO											[] PROGRESS PAYMENTS	
12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s) and contract number(s) on reverse of form.) [] YES [] NO					13 IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31, COST PRINCIPLES? (If "No," explain on reverse of form.) [] YES [] NO							
14. COST AC	CCOUNTING STA	NDARDS BO	ARD (CASB									
a. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (If "No," explain in proposal) [] YES [] NO					b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 OR 2)? (If "Yes," specify in proposal the office to which submitted and if determined to be adequate) [] YES [] NO							
c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal) [] YES [] NO					d. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal) [] YES [] NO							
This proposal is submitted in respon By submitting this proposal, the of include books, documents, account form, or whether such supporting in 15. NAME OF OFFEROR (<i>Type</i>)	feror, if selected for nego ing procedures and pract	tiation, grants the c ices, and other data eferenced or include	ontracting officer a, regardless of ty	and aut pe and a as the ba	horized repre regardless of	sentative(s) the whether such it	right to examens are in w	mine, at a ritten forn te evaluat	ny time l n, in the t ion of the	before award form of com	d, those records, which puter data, or any other	
17. SIGNATURE		 					<u> </u>		18. DA	TE OF SUB	MISSION	